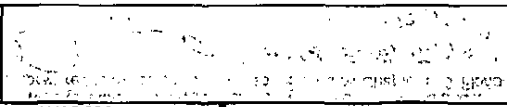


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

03-25-2004 90213 012 ****50.00

DOCUMENT # L03000022506 1. Entity Name MAJESTIC OAKS RESORT, LLC																																			
Principal Place of Business 37811 CHANCEY ROAD ZEPHYRHILLS, FL 33541			Mailing Address 37811 CHANCEY ROAD ZEPHYRHILLS, FL 33541																																
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		34036298  03162004 Chg-LLC CR2E083 (10/03) 4. FEI Number 32-0116141 Applied For ☐ Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																															
City & State		City & State																																	
Zip	Country	Zip	Country																																
6. Name and Address of Current Registered Agent WEBB, RICHARD S IV 2 NORTH TAMiami TRAIL, SUITE 500 SARASOTA, FL 34236						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2033 Main Street, Ste 600 City SARASOTA FL Zip Code 34237																													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																																			
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> PRINCIPAL DONALD F WINTER SR 37811 CHANCEY ROAD ZEPHYRHILLS FL 33541 </td> <td style="width: 5%; text-align: center; font-size: 8px;">☐ Delete</td> </tr> <tr> <td style="font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> MANAGER CAROL & DAVID SPRAGUE 3751 LAUREL VALLEY BLVD ZEPHYRHILLS FL 33541-108 </td> <td style="text-align: center; font-size: 8px;">☐ Delete</td> </tr> <tr> <td style="font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> </td> <td style="text-align: center; font-size: 8px;">☐ Delete</td> </tr> <tr> <td style="font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> </td> <td style="text-align: center; font-size: 8px;">☐ Delete</td> </tr> <tr> <td style="font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> </td> <td style="text-align: center; font-size: 8px;">☐ Delete</td> </tr> </table> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> </td> <td style="width: 5%; text-align: center; font-size: 8px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> </td> <td style="text-align: center; font-size: 8px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> </td> <td style="text-align: center; font-size: 8px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> </td> <td style="text-align: center; font-size: 8px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="font-size: 8px;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="padding: 5px;"> </td> <td style="text-align: center; font-size: 8px;">☐ Change ☐ Addition</td> </tr> </table>						TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRINCIPAL DONALD F WINTER SR 37811 CHANCEY ROAD ZEPHYRHILLS FL 33541	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CAROL & DAVID SPRAGUE 3751 LAUREL VALLEY BLVD ZEPHYRHILLS FL 33541-108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.																																			
SIGNATURE:  Donald F. Winter, Sr. Authorized Rep X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 813-780-9408																																			